



File: 7. 9.3.
PID Nbr: 006-260-870
Roll Nbr: _____

DEVELOPMENT & DEVELOPMENT VARIANCE PERMIT APPLICATION

I/We Cody Tham (Name of Applicant)
of 14 Dease St V8C-2M6 (Mailing Address)

apply for the following permit(s) to manage development on the property specified below.

1. **Permit Type**
- Development Permit \$700
 Development Variance Permit \$350

2. **Subject Property**

Civic Address 14 Dease, Kitimat, B.C., V8C 2M6

Legal Description 7 272 6035 9196
 Lot Block District Lot RP

Zone R1-B Property Area 8339 Sqft 768.8 SqM

Official Community Plan Designation Residential.

3. **Existing Use**

Describe existing use and development.
Replacing 2 old small sheds with a new garage in back yard.

4. **Proposed Use**

Describe proposed use and development (attach extra pages if necessary).
Residential house with detached garage in back yard. 15'10" from grade to halfway up truss.

Approximate project start date and completion schedule.
May 2018 - August 2018

5. **General Comments**

Reasons and comments in support of application.
Looking to have taller height for extra room for big vehicles & lots of shelving.

7. Attachments

The Director of Community Planning and Development may require you provide some or all of the following documents in support of your application. Please attach all documents which are checked as "required". Other information may also be requested.

Required Sketch plan of site showing the parcel(s) to be re-designated (by zoning amendment), existing building, access, services and scale. Measurements should be in metres. Preferred size is 28 cm x 43 cm (11" x 17").

Required Technical information and reports listed below.

Required Copy of (1) State of Title Certificate, or (2) Certificate of Indefeasible Title, for subject property. Copies are available from the Land Title Office, and should be dated no more than thirty days prior to application date.

8. Declarations

a. Property Owner

Where the applicant(s) is/are not the registered property owner(s), the following statement must be signed by the registered owner(s) or the owner's(s)' agent.

This application is made with my/our full knowledge and consent.

Cody Thom Jan 28/18
Name(s) Date
14 Dease st
Mailing Address (incl Postal Code)
250-639-5921 Codythom17@hotmail.com
Phone Email Fax
Authorized Signature(s)

b. Applicant

I/We declare that statements and information submitted in support of this application are, to the best of my/our knowledge, true and correct.

[Signature] Jan 28/18
Signature(s) Date

Phone Email Fax

FOR OFFICE USE:

Yes No 29 Jan msw
Application Details Attached? Fee Paid (Date) Initials of Official

(Yes) No Yes (No)
Building Permit Required? Bldg Permit Application Rcvd?

Circulation: Building Engineering Fire Planning PWY

Department Comment Required by: _____
(Date)